

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-013383

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED APR 16 1962

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

## 1. PLACE OF DEATH

a. COUNTY **ST. LOUIS**b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN **JEFFERSON BARRACKS  
MISSOURI**Length of stay in 1b  
**10 DAYS**c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION **VETERANS ADMINISTRATION  
HOSPITAL**Inside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **MISSOURI** b. COUNTY **ST. GENEVIEVE**c. CITY  
OR TOWN **ST. GENEVIEVE**Inside Limits  
Yes ☒ No ☐d. STREET  
ADDRESS **354 MERCHANT STREET**Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

**ROBERT****JOSEPH****BAUM**4. DATE  
OF DEATH

Month

Day

Year

**APRIL****6****1962**

## 5. SEX

**MALE**

## 6. COLOR OR RACE

**WHITE**7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

**5-30-93**

## 9. AGE (last birthday)

**68**

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**AUTO MECHANIC**

## 10b. KIND OF BUSINESS OR INDUSTRY

**GARAGE**

## 11. BIRTHPLACE (City and state or country)

**ST. GENEVIEVE, MO.**

## 12. CITIZEN OF WHAT COUNTRY

**U.S.A.**

## 13a. FATHER'S NAME

**CHRISTIAN BAUM**

## 13b. MOTHER'S MAIDEN NAME

**LOUISA RINGWALD**

## 14. NAME OF HUSBAND OR WIFE

**MILDRED BAUM**

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

**YES**(If yes, give war or dates of service)  
**WW-I**

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

**MILDRED BAUM (WIFE) 354 MERCHANT ST.  
ST. GENEVIEVE, MISSOURI**18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

**ASPIRATION OF GASTRIC CONTENTS (TERMINAL)**Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

**LAENNEC'S CIRRHOSIS OF LIVER**

## DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☒ NO ☐

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from

Death occurred at

**3-27-62****4-6-62****6:05 PM**

on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

## Degree or title

## 22b. ADDRESS

## 22c. DATE SIGNED

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

## 23b. DATE

## 23c. NAME OF CEMETERY OR CREMATORY

## 23d. LOCATION (City, town, or county)

## (State)

## 24. FUNERAL DIRECTOR

## ADDRESS

## 25. DATE RECD. BY LOCAL REG.

## 26. REGISTRAR'S SIGNATURE

**Jerry Stanton, Ste. Genevieve, Mo.****4-9-62****John E. Murphy M.D.**

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

APR 17 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed John A. Ankley

Licensed Embalmer No. 3653

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

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